is closed during the summer vacation for a month and in December for ten days.

Intake Procedure.—Children below 16 can be referred to this Clinic for treatment. The parent or guardian (whoever brings the child to the Clinic) is seen by the social worker first. The case is accepted for treatment at the Child Guidance Clinic, and provided the parent is willing to co-operate in the treatment. When the case cannot be accepted for treatment the Clinic gives diagnostic service, and makes recommendations as to where the client may secure further help. For example, though a mentally defective child is not accepted for treatment, mental defect is diagnosed and the parent is given guidance as to the care and education of the child.

Treatment Methods.—The patient attends the Clinic once or twice a week. He is allowed to play in any play-room he likes. He is introduced to other children with whom he may play if he wishes. His play is carefully observed and recorded. Such free play enables the child to express his conflicts and tensions and this self-expression has diagnostic as well as therapeutic value. Most children when they first come to the Clinic appear timid and too inhibited to play freely. They have to be assured that it is quite permissible to play with any material in the Clinic and to draw or make whatever they please.

After a child becomes familiar with the play material, and the clinical setting, he is interviewed by the Psychiatrist or the Psychologist. Direct treatment of the child is carried on chiefly through play and interviews with the child. Drug therapy is being tried on a few cases.

While the child is being treated at the Clinic, the social worker sees his parents, interpreting the child’s problem to them in an effort to improve the parent-child relationship. Sometimes, she has to find the child a proper school or a boarding home which may answer his needs in a more constructive way than his home.
Review of the cases referred to the Clinic from June, 1948 to May, 1949.—contd.

<table>
<thead>
<tr>
<th>Psychosomatic disorders</th>
<th>No improvement in the symptom, but improvement in the personality.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stammering</td>
<td>1 Improvement</td>
</tr>
<tr>
<td>Stammering</td>
<td>1 Improvement</td>
</tr>
<tr>
<td>Speech defect</td>
<td>1 Not much improvement.</td>
</tr>
<tr>
<td>Bed wetting *</td>
<td>17 One improved, another improved partially while there was no improvement in any of the rest.</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>20</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Psychosis</th>
<th>2 Not accepted for treatment.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Miscellaneous</th>
<th>1 Partial improvement.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personality disorder</td>
<td>1 Partial improvement.</td>
</tr>
<tr>
<td>Wanted a letter of recommendation to</td>
<td>2 Not admitted for treatment.</td>
</tr>
<tr>
<td>Boarding School</td>
<td>2 Not admitted for treatment.</td>
</tr>
</tbody>
</table>

*Ephedrine therapy was tried on these 17 cases of bedwetting children as follows:

One grain tablet of ephedrine was administered to each patient daily between 5 and 7 P.M.; this was done for a month. The patient was instructed not to drink water after the evening meal, but was required to pass urine before going to bed. A record of the child’s bedwetting was kept carefully not only for the month of treatment but of successive months.

Of the 17 patients selected for this experiment, only one had both parents. However, he went to a boarding school, and came home during vacation. The other 16 were from a Children’s Home (for destitute children), 12 girls and 4 boys. The patients ranged in age from 5 years to 15 years. Only one patient was cured by this treatment. He was a six year old boy from the Orphanage. A seven year old girl from the same institution showed partial improvement.

Review of the cases referred to the Clinic from June, 1948 to May, 1949.—contd.

<table>
<thead>
<tr>
<th>Cases coming for consultation only</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stealing</td>
<td>1</td>
</tr>
<tr>
<td>Frequency of micturition</td>
<td>1</td>
</tr>
<tr>
<td>Involvement of family quarrels with</td>
<td>1</td>
</tr>
<tr>
<td>neighbours</td>
<td></td>
</tr>
<tr>
<td>Nervousness</td>
<td>1</td>
</tr>
<tr>
<td>Stealing and fear</td>
<td>1</td>
</tr>
<tr>
<td>Speech defect</td>
<td>2</td>
</tr>
<tr>
<td>Lack of interest in life</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>8</td>
</tr>
</tbody>
</table>

**Total no. of cases admitted**             | 126
observing him at play in the playroom provided in the Clinic.

Quite often, he makes use of the psychological tests to obtain a better picture of his mental developments and his personality adjustments. The Psychiatrist tries to probe into his emotional life to gain insight from still another direction into the cause underlying the child's problems.

Having studied the child independently, these specialists together discuss the case child from their respective points of view and then plan a treatment programme. Usually the treatment consists of play for the child in the Clinic and interviews with the parents and the child. Sometimes it may also necessitate a change in the child's environment.

Such a treatment calls for active co-operation on the part of the parent.

The Child Guidance Clinic of the Tata Institute of Social Sciences.—This Clinic was founded in 1937. It was then the first of its kind in the whole of India. The child guidance movement originated in the U.S.A. where the first Child Guidance clinic was founded in 1920. From there the movement has spread to other countries including India.

In 1937, when the Child Guidance Clinic of the Tata Institute of Social Sciences was founded it was located at the Health Visitors' Institute, New Narasappa Road, Byculla, Bombay. However, during the riots in 1946-47 it became inaccessible to the clients, and its work came to a standstill. Therefore, in June 1947, it was transferred to the Bai Jerbai Wadia Hospital for Children, Parel, Bombay. The change has been very beneficial to the Clinic. The present location is pleasant and cheerful, and the hospital authorities are very co-operative in every way, frequently giving our patients at the Child Guidance Clinic such medical tests as may be necessary.

Staff.—The Clinic consists of the following staff:


N. S. Vahia, M.D. (Bomb.) Psychiatrist.


Material Equipment.—The Child Guidance Clinic is located in the out-patient department of the hospital. On Clinic days, the hospital holds its medical out-door clinic elsewhere so that their regular rooms may be used by the Child Guidance Clinic.

The space thus allotted includes two rooms for individual interviews, three play-rooms and one room for records, equipment, and for the use of student social workers. All play equipment and furniture are arranged just before clinic hours. One play-room is equipped for sand and water play while the other play-room is given over to doll play or play with toy animals. The third play-room is furnished with a long child-size table and chairs; here children can work with crayons, paints, clay or chalk. Often the out-door space is used for group play and group therapy.

Clinic Hours.—The Clinic hours are from 4.30 P.M. to 6.30 P.M. on Tuesdays and Fridays. The children are observed during this time by the psychologist and psychiatrist while the social case worker sees the parent. She also visits the child's family at home from time to time. Any psychological testing that may be required is done outside the clinic hours by appointment. A fee is charged for mental testing. The Clinic
SOCIAL WORK with CHILDREN

How Promoting Their Well-Being Means Fighting a Host of Endangering Factors

By CLIFFORD MANSFIELD

"Through our recreation facilities, we as an agency try in our own way to meet this challenge."

A FEW years ago President Hoover's White House Conference on Child Protection declared that in India might be called "A Children's Charter" for the children of America.

It seemed itself to attempt to secure for every American child a foundation of spiritual and moral training; a respect for his individual personality; the security of a loving home; or for the child who must receive foster care, the nearest substitute for home training.

Adequate ventilation for a safe birth; proper prenatal and maternal care of the mother is taken into account; health protection through childhood; decent housing conditions and home environment; a sanitary, well-equipped, well-lighted and well-ventilated school, safe from hazards; Protection against physical and moral dangers; proper recreation facilities; an education which prepares for life; the right to grow up in a family with an adequate standard of living; protection against the evils of child labour; protection against accidents; and preparation for parenthood, homemaking, and the care of children.

For every physical or mentally handicapped child, the Conference pledged itself to a support in its welfare needs; it will carry out all such investigations and diagnosis, hospital care and treatment, and train the child so that he may become a social asset rather than a liability, and for every child in conflict with society, the right to be dealt with intelligently, not as an adult, but as society's charge—be restored as soon as possible to the normal stream of life.

Ideal But Necessary

"A PRETTY big order," you may say, "and terribly idealistic." Yes, it is a big order, and it is idealistic. Or may you use the expression which I hear so often: "That's quite all right for America, but this is India." To which I would reply, "Yes, this is India, but certainly an Indian child is not less value than an American child, and we should hold up as our children the highest possible standards."

While social work for children in its broadest sense is an inclusive as "The Children's Charter," embracing all activities directed to promote the well-being of children; in its narrower meaning the field of child welfare is generally restricted to work for such children as are handicapped socially, physically, mentally or emotionally.

It was not so many years ago when, if an employed father suddenly died leaving behind him a widow and a family of small children without any means of support, that the children were hurried off to an orphanage as a matter of course. But today the orphanage is generally the last resort. When prolonged sickness, unemployment, accidents or premature death cause the break-up of the family, every effort is made to provide each deserving family with as much income as to remain together and to maintain the home.

Finding this, the attempt is made to place the child in foster homes which will approximate as nearly as possible to the previous family life—or in some cases even improve upon it. But child welfare work does not stop here. The modern worker makes every effort to eliminate those factors which are contributing to family disorganization.

Prevention First

EVERY new gain in public health which extends the working-span of the father or mother tends to lessen child dependency. Every precaution taken to prevent industrial or street accidents is a similar gain. Every plan to stabilize employment or to extend the principle of unemployment insurance, thereby allowing the family breadwinner to bear his own burdens, is a step toward the protection of children. Relief, when necessary. But first all, intelligent prevention.

At any time there may be children upon the streets of Bombay who are suffering because their parents or guardians fail to give them proper care. We see children beggars; youngsters living by their wits; children being exploited by unscrupulous elders; and children exposed to immorality and immoral associations.

Let me just take you for a ten-minute walk in the general area of the Nagpada Neighbourhood Home. Here in this alley-way lies a group of young Jewish boys, all of whom should be in school, gambling with dice. There in the gutter, at a washing-place just outside of a food stall are a dozen naked youngsters, playing in the mud caused by waste water and human elimination. Yonder goes a tea shop chorera, not more than ten years old, carrying cups of tea into a brothel.

Lying on the pavement are two boys sound asleep—probably victims of a night of propping in the vice district. Glance into this one-room house, where three small children are in the charge of a nine-year-old girl, while both mother and father are working in the mill.

At the corner a number of young boys are peddling foods or selling racing forms. Just in front of the police station is a bearded old man, leading two young children by the hands—the children trained to render the most unnatural piercing cries, in order to wring coins from sympathetic citizens.

Too Vast For One Agency

THROUGH our nursery school for children with working mothers, our social and recreation facilities and our home visitation, we as an agency, try in our own way to meet this challenge, but the problem is too vast for one agency alone.

Since the inauguration of the Children Act, conditions in Bombay have undeniably improved. But the limited force of trained workers cannot possibly investigate all cases of neglect and bring all parents who are abusing their parental responsibilities to book.

There is a pressing need for trained case workers who can go into the homes, helping the workers falling in their obligation to their children and deal with the causes of parental neglect. It is obviously unfair to assume that all such parents are callous and willingly harming their children. People must eat, and when fathers cannot provide food, the mother and often the children must help.

(Continued on page 87.)
SOCIAL WORK with FAMILIES

Getting at the Root of the Matter by Planned Relief

BY CLIFFORD MANSFORD

In its own interests, society must stand ready to assist threatened families, and this is the second article in our series, which shows that the old money helps, moral aid must be supplemented by training and thought. The modern family, with work now realized that the causes of disruption in the family are due to psychological no less than financial factors and he acts accordingly.

SOME days ago a man came into my office seeking employment. He seemed to be carrying the proverbial “chip on his shoulder.” He was slender and dishevelled, claiming that everyone was against him. He had had several temporary jobs, but had not been able to hold them. He was in a nervous state and highly irritable. For a time it seemed as if he were prepared to fight me or anyone else in my office.

After a long conversation I succeeded in calming the man down and discovered that he was solely responsible for the care of a sick wife. There were no children or relatives in the home and no servants. The man had been trying to perform his duties in the mill, but the mill, Mr. A., between his wife and himself, was unable to concentrate on his work.

He was disturbed many times during the night by the coughing of his wife, and was kept in need of sleep. Loss of sleep and worry, combined, produced the inevitable result. The man’s work suffered, and his inefficient and general irritability marked him as one of the first to be retrained.

Restoring The Family

THE simplest thing to do in that case was to give the man a note for employment and get rid of him. But it did not require much intelligence to foresee that the old cycle would continue to operate. Hence we undertook the more difficult task of attempting to restore the family. We visited the home and arranged for the hospitalization of the wife. We arranged for her after-care during the period of convalescence.

We arranged for the payment of funds for the recovery of certain essential household articles from the pawnshop. We provided facilities for the man to secure proper meals. These things accomplished, we began to talk about employment, and when work was finally secured, there was every reason to believe that this time the job would be permanent.

The case just cited is from Bombay. Now let me present cases from the actual records of a New York Family Welfare Agency as reported in the New York Herald Tribune. It reads:

Left To Father’s Care

“DAVID Miller was a foundling child born in the city of New York. At fourteen, he was turned out to earn his own living. He had been an orphan and after several years to marry and establish a home.

Six years ago his wife developed an abscess at the base of her spine, and after five years of suffering died in child-birth, leaving two young girl babies, Janet, another six-year-old girl, and two boys, 10 and 12, for David Miller to care for alone. The hospital staff was reluctant to let him take the children home, but he was determined to keep his children together and his home intact.

He has a part-time job paying twenty-five dollars a month and occasional odd jobs, so that the bare necessities are nearly provided for. The family has been haunted by the fear that some medical or government agency might try to take the children away from him. He has promised nearly for two years without asking for advice or help from anyone, washing and ironing clothes at night.

He tries to get some sleep in the daytime and then by 11.00 p.m., when he has the children all in bed, he starts out in the night to walk four miles to his work at the city dump. He tries to get home soon after daylight to get his children breakfast.

Fear Of Social Agencies

“IT with all, he has found time to be an unusual comrade to his boys, warning them constantly not to get into trouble because they haven’t any mother, and when a man has his children to take care of himself, they have to be extra careful or the government will put them away.

Finally the same situation in his neighborhood and his anxieties over his inability to keep careful watch over his ‘girl children’ outweighed his fear of social agencies, and with great honesty and caution he came to the Family Welfare Society. ‘It’s not just money I need’ was the way he worded that first tentative request for help.”

The social worker reporting the case added the comment, “It is obvious that no more relief grant is going to meet David Miller’s need. Somebody, that knows how he got to figure out in detail just what is the best way for Mr. Miller to keep his children... and keep them in safety. We are convinced that such an unusually fine relationship between a man and his children should be preserved.”

The Easy Slide Down

And now back again to Bombay. Every week scores of unemployed men come to our office. How familiar the story: first a reduction, and the hope that work will again be secured within the month. Failure to secure work; a less confident air; increasing signs of nervousness.

The break-up of the home and the moving, perhaps, to a new quarter. Perhaps the wife and children return to her parents. Prayer, tears, and such words as: “Surely God is watching over me; young men looking old. The tragedy of unemployment.”

One can advise these men to “cheer up” and “all will turn out well.” One can, but the winds attack in one’s throat. It takes more than words to restore shattered morale. Some one must help to plan: to arouse a defeated man from acesquiescence to action. The burden of this job falls on the family social worker.

Family social work has long since passed the stage of simply giving alms. In every society there are people who are not functioning to the full extent of their capacities. In every city, wholesome family life is threatened by marriage, crime, disease, hunger — all physical and mental, unemployment, bad environmental conditions, vicious habits and numerous other corrupting influences.

Indiscriminate Charity

THIS old idea of family relief was at an attempt to provide food, clothing or shelter for those in need. Before relief was actually organized, each individual gave according to his own whim or desire, in a purely indiscriminate fashion. One can still see a survial of this type of giving in modern Bombay.

When charity organization societies appeared upon the scene, the attempt was made to control giving, “to make relief hard” as the saying went, and thus to prevent pauperization.

This stage was an improvement over the first, but it reached its absurdity when managers of relief funds pass small deals to needy applicants, thus forcing the recipients to approach other agencies in the role of a beggar, instead of limiting their case intake and helping at least some families to re-establish and rehabilitate. The modern tendency is to give planned relief, in accordance with scientific budgets and definite programs, worked out through mutual consultation with the reciever.

The pictures illustrating this article do not represent literal scenes, but conditions described are intended merely to give atmosphere.”
Mentally Defective Children

Need for Child Guidance Clinics
And Occupation Centres

By MRS. R. P. MASANI

One of the important questions considered at the Conference of Women recently held in Bombay, was the need for the care of mentally defective children. Twenty years ago, there was a cry for an institution for protecting children. Today, when Bombay has done its bit for the care of these children, there is a need for a similar institution to care for the mentally defective children. The institutions are not only for the care of these children, but also for the best treatment of their mental disorders. Shall we be honest with ourselves and confess that so far we have been guilty of neglecting the mentally defective children? How frightfully forgetful of our duties have we been ever since? Is there not a single institution which the President could visit and find where such children could be cared for, fed and housed? Not, if not treated scientifically!

WHAT LONDON DOES

Just think of what other progressive cities in the world are doing in this direction. To take the instance of London alone, there are in that city 37 day schools and 2 Homes for mentally defective children—run by the London County Council. Besides, there are several child guidance clinics where the work of diagnosis and correction of behaviour, disorders and educational difficulties in children and adolescents is done.

The London Child Guidance Clinic in the north of London is intended to serve two functions: (1) the treatment of children and (2) the training of teachers. The clinic, following similar methods, keeps a record in minute details so that the teachers could easily discuss the cases with patients. During its five years' career, it has dealt with no less than 1,000 cases, all of which have been well adjusted and a half of them, partially adjusted. The teachers remain unimproved. Treatment of children is given at home, whenever possible.

It was a pleasure to note that the parents who whole-heartedly consented to the spirit of the treatment and seemed only too willing to follow the instructions, filled the waiting rooms. A series of lectures and visits to parents are now made to realize that the work of reshaping the lives of children, so as to put them on the high road to normal existence, is a work of national value.

OCCUPATION CENTRES

If we cannot immediately run such a clinic in our city, we must do our best. Such centres are conducted all over London by the County Council and the Leathersley Institute, but the cost much expenditure. Nor need the money be spent in the same way. For example, when a centre was opened for Islington, the London County Council had lent a teacher and the help of a worker. The school was secured from a guide company. When the centre opened, there were 26 children of different types and kinds. They were taught to read and write, and were also taught to do handicrafts. The children were also taught to do gymnastics and music. The children were also taught to do gymnastics and music. The children were also taught to do gymnastics and music.

BOMBAY EXPERIENCE

A similar class was started in Bombay about two years ago at the Byramji Jeejeebhoy Home of the Society for the Protection of Children in Western India. Experience of this class has shown that children have to be given special training, not only for the entire work of the centre, but also for the care and observation of the children. The guidance is of material value to the children. The work is very important to them as it is pleasing to their guardians.

SUBNORMAL SCHOOL CHILDREN

The Bombay Municipal Corporation and the Schools Committee have already started a similar work and have started a centre for the mentally defective children. The Director of the Child Guidance Clinic, addressing a Conference in 1934, indicated how many maladjusted children and girls guidance clinics are doing the work of civilization. Will anyone who is willing to start such a centre in Bombay, either in the city or in the suburbs, be welcomed by the public and the authorities? The work of such a centre is of great importance and should be supported by the public and the authorities.

The Editor.

[Signature]

F. J. 26.12.36

[Red ink mark]
Childhood Delinquency And Insanity

The following is an extract of an address delivered under the auspices of the Society for the Protection of Children in Western India, Bombay, by Dr. Clifford Manandhar, Director of the Sir George Williams School of Social Work, just Monday evening.

The initial stages in practically every form of social work are replete with obstacles. There, we give aims to beggars before it occurs to us to attempt to deal satisfactorily with them. We may do as much as the best of them, but give relatively little attention to the prevention of disease. We build jails for our criminals and practically ignore the environmental factors which contribute to their criminal conduct. We fill all our hospitals with the insane and do virtually nothing to prevent their mental chills.

It is not that we are callous; it is simply that it has never occurred to us as a large number of us that poverty, sickness, delinquency and insanity can, to a considerable extent, be prevented.

The Child Guidance Movement, in which the Visiting Teacher at work, is an outgrowth of the growing concern among social leaders in the local community, in response to disease and crime and in the ever-increasing number of people who are alienated from society, and who should be admitted to our mental hospitals.

DANGER SIGNALS

In every school room there are danger signals. Thus there are children who are irritable in attitude, who are likely to follow the lead of others and whose tantrums present sex difficulties and arouse other disturbing problems. Such manifestations may be due to a variety of conditions, such as colds or other infections, lack of parental concern, lack of proper meal, irregular patterns of the day, or improper reasons for the same mental defect inherent in the child; or in various other causes.

On the other hand, a single cause may manifest itself in different ways. Thus a child who is sensitive is likely to suffer severe anxiety in situations in which he is not satisfied with the situation; and he will suffer severe anxiety in situations in which we are not satisfied with the situation.

The ordinary school teacher regards children as such as "normal" and proceeds to consider them like any other child. However, it is true that there is something wrong, but as long as we can recognize the problem and act on it before it is too late, we can prevent much mental illness. However, the best way to prevent mental illness is to make an effort to discover the cause of the problem and act on it.

CURE FROM VISITING TEACHER

Urge To City To Adopt This Method

The Visiting Teacher is the key to the solution of the problem of delinquency. It is the Visiting Teacher who will see to it that the child is not placed in the classroom as a child and that he actually learns the lessons of life as he grows up.

As a member of the school system, the Visiting Teacher has the responsibility of seeing that the child is placed in the classroom and that he is given the proper care and discipline necessary for his development. The Visiting Teacher is also responsible for observing the children and to discover what is happening in the classroom.

Let us for a moment be specific. The Visiting Teacher is the boy at a failure and he is prevented from making progress. However, the Visiting Teacher is also responsible for the other children in the classroom and to prevent them from making progress.

The classroom teacher refers the case to the Visiting Teacher. The Visiting Teacher goes to the home of the boy and discovers that the boy was prevented from learning by his family. As a result, the boy was prevented from making proper development.

Teaching him failure, this boy's own family prevents him from making proper progress. The family is not interested in the boy's success and does not care what happens to him. The Visiting Teacher brings the case to the attention of the parents and the family is made to understand that the boy must be given proper instruction and care.

DESIRED TO SUCCEED

The Visiting Teacher recognizes that it is necessary for the family to be interested in the boy's success and that the family should be made to understand the effects of failure. The family is made to understand that the boy must be taught to read and write, to be taught arithmetic and other subjects. The family is made to understand that the boy must be taught to understand the importance of education.

We need the help of the family in order to teach the boy how to learn. The Visiting Teacher works with the family and the family works with the boy. The Visiting Teacher makes the family understand the importance of education and the family makes the boy understand the importance of education.

PLAN OF TREATMENT

On the basis of this information, the Visiting Teacher seeks to map out a plan of treatment which will utilize the environment and help the child to realize that he is a part of society. The Visiting Teacher seeks to help the child to realize that he is a part of society and to make the child realize that he is a part of society.

The Visiting Teacher recognizes that reading is the key to the situation. The Visiting Teacher works with the family and the family works with the child. The Visiting Teacher seeks to help the child to realize that reading is the key to the situation.

Etc.
CHILDHOOD PROBLEM
Co-ordinated Approach
To Subject
The first attempt in India to use the co-ordinated joint approach of psychiatry, psychology and social work to the behaviour problems of childhood is being made by the child guidance clinic recently opened in connection with the Sir Dorabji Tata Graduate School of Social Work, according to Dr. Clifford Manshardt, Director of the School.

The types of problems studied by the clinic are those which indicate a lack of adjustment between the child and his environment, as revealed by his behaviour in the home, the school or in the community. Cases involving mental defects are, however, not treated by the clinic as they do not permit of concrete, constructive and continuous treatment.

Dr. Manshardt states that the clinic also aims at obtaining a new appreciation of the needs and difficulties of developing childhood in India.—Associated Press.

Child Guidance Clinic's Work
BOMBAY, Nov. 25.

The first attempt in India to use the co-ordinated joint approach of psychiatry, psychology, and social work to the behaviour problems of childhood is being made by the child guidance clinic recently opened in connection with the Sir Dorabji Tata Graduate School of Social Work, according to Dr. Clifford Manshardt, Director of the School.

The Clinic has been started to study and treat the whole child in order to correct the basic factors causing symptoms on unsatisfactory habits, troublesome personality traits or difficult behaviour, by striking at the very root of mental disease, delinquency and other forms of social inadequacy and failure.

The types of problems studied by the clinic are those which indicate a lack of adjustment between the child and his environment, as revealed by his behaviour in the home, the school or in the community. Cases involving mental defects are, however, if treated by the Clinic as they do not permit concrete, constructive and continuous treatment, which the Clinic is interested in providing and securing.

Dr. Manshardt states that the Clinic is also aiming at obtaining a new appreciation of the needs and difficulties of developing childhood in India.—A.P.
Tackling Problems of Childhood

Aim Of Guidance Clinic

Speaking at the opening assembly of the Sir Dorabji Tata Graduate School of Social Work, Bombay, Dr. K. R. Mahavir, who had recently been appointed as lecturer in Psychiatry in the School, discussed the relation of the Child Guidance Clinic to the behaviour problems of childhood.

The Child Guidance Clinic is an attempt to bring together the various resources of the community with a view to applying scientific methods to the study and treatment of problem children of average intelligence. It serves the need of children suffering from all kinds of personality and behaviour deviations.

Although any rigid classification of behaviour difficulties would be both artificial and misleading, for purposes of convenience the problems may be divided into four categories:

- Personality deviations, such as moodiness, depression, shyness, exclusiveness, daydreaming, lack of concentration, nervousness.
- Behavioural deviations, such as stealing, lying, sex offenses, running away from home, aggressiveness, bullying, violence to others.
- Temper tantrums, nail biting, skin picking, truancy, feather picking.
- Intellectual difficulties, such as general backwardness at school or backwardness in special subjects.

It is unusual to find a child brought to the clinic for a single difficulty. It is rather, exceptional to find a child who does not exhibit several of the deviations mentioned above.

The children who are brought to the clinic are generally children whose parents and teachers, amongst others, have attempted to live for months and sometimes years, without any effect. This fact must be borne in mind when assessing the results of the clinic. On the other hand, the clinic can secure results where parents fail because the clinic is in the position to bring the resources of modern scientific research to bear upon the problem.

Mental Processes

It was Freud who demonstrated in a striking fashion the cardinal role of unconscious mental processes in the production of neurotic illness and showed also how impulses which are buried in the depth of the mind, in which the individual is not all conscious, exert their influence in a subtle way upon his character and conduct. The symptom had meaning for each individual, in the same way that it represented a substitute gratification, albeit of a distorted kind, for impulses which were kept out of consciousness and barred direct expression. It is the carrying over of this fundamental concept of unconscious mental processes and their vital influence upon the conscious life and behaviour, into the field of psychology, that has enriched our understanding of the causation of behaviour problems in children.

The reason then why the clinic succeeds when parents and others so often fail is that any given behaviour disorder is the outcome of mental conflict involving impulses which are unconscious, of which the child is unaware. At the same time, it is wrong to leave the impression that, in the case of every problem child, it is necessary to explore thoroughly his unconscious mind before anything in the nature of eradication of undesirable behaviour can take place. Frequent as is the relation between unconscious impulses and overt behaviour, it would be a great mistake to believe that this relation is of paramount importance in every individual case. Gross phrastic disorders and more subtle disturbances of physiological functions may also contribute to distorted behaviour.
Tackling Problems Of Childhood

AIM OF GUIDANCE CLINIC

Speaking at the opening assembly of the Sir Dorabji Tata Graduate School of Social Work, Bombay, Dr. K. R. Masani, who has recently been appointed lecturer in Psychiatry in the School, discussed the relation of the Child Guidance Clinic to the behaviour problems of childhood.

The Child Guidance Clinic, he said, was an attempt to bring together the various resources of the community with a view to applying scientific methods to the study and treatment of problem children of average intelligence. It served the need of children suffering from all kinds of personality and behaviour deviations.

Although any rigid classification of behaviour difficulties would be both artificial and misleading, for purposes of convenience the problems might be divided into four categories:

Personality deviations, such as moodiness, depression, shyness, exclusiveness, day dreaming, lack of concentration, nervousness.

Behaviour deviations, such as stealing, lying, running away from home, aggressiveness, bullying, violence to others.

Temper tantrums, nail biting, skin picking, fidgets, stammering.

Intellectual difficulties, such as general backwardness at school or backwardness in special subjects.

It was unusual to find a child brought to the clinic for a single difficulty. It was rather, exceptional to find a child who did not exhibit several of the deviations mentioned above.

The children who were brought to the clinic were those whose behaviour, parents and teachers, magistrates and doctors, had attempted to alter for months and sometimes years, without any effect. This fact must be borne in mind when assessing the results of the clinic. On the other hand, the clinic could secure results where parents failed, because the clinic was in the position to bring the resources of modern scientific research to bear upon the problem.

The reason why the clinic succeeded where parents and others so often failed was that any given behaviour disorder was the outcome of mental conflict, involving impulses which were unconscious, of which the child was unaware.
CHILD GUIDANCE CLINICS

To The Editor of "The E. N. of India."

Sir,-Your paper of December 9 publishes a letter by Mr. K. R. Mansani, lamenting the lack of Child Guidance Clinics in Bombay. May I bring the forward the fact that a guidance clinic already exists in Bombay, and that it has been in operation for the last 2 years nearly.

The Sir Dorabji Tata Graduate School of Social Work has been running this clinic since 1957. It is situated in the Health Visitor's Institute Building at the New Nagpada Road and runs every Wednesday and Friday, from 5 to 8 p.m. It is being patronised by both parents and public agencies. Children referred to it by parents and from a number of other sources, are admitted to the Clinic on the recommendation of the referee among them being the Juvenile Court, the Children's Aid Society, the B. J. Home for Protection of Children in Western India, the Salvation Army, the Child Guidance Section of the Bombay Municipal Corporation, and various other institutions. Such children are given care and treatment on an individual or group basis.

Children with behaviour disorders, personality disorders, disorders in scholastic achievements, due to emotional disturbances, children suffering from physical symptoms based on emotional factors, are accepted here for treatment. It is freely accessible to all.

Last December it was represented in the exhibition organised during the All India Educational Conference and information was supplied about it to visitors.

Dr. K. R. Mansani, the Director of the Clinic, has also been speaking in various conferences and is being brought before the public more and more. This year too the Clinic has organised the "Child Guidance Clinic" section in the "Child in the Home" exhibition at the Town Hall. Those who are interested in Child Guidance work may better visit the stall in the exhibition and the clinic on working days.

LADRI NATH

Bombay, December 10.

WORK OF CHILD GUIDANCE CLINICS IN BOMBAY

DETECTING CAUSE OF DELINQUENCY

The fourth Children Act and Hospital after-care conference was held in Bombay last week. Delegates attended the conference. Mrs. D. A. Dharwadkar, the Backward Class Officer, presided.

In his inaugural address, the Chairman pointed out that the present conference marked a distinct development over the previous ones as Government had sanctioned the appointment of District Magistrates from areas where the whole children act is now in operation, police officers and juvenile court clerks in addition to magistrates. Government were also giving earnest consideration to the establishment of a cadre of Probation Officers as Government servants and the extension of the Act to adults.

Mr. D. Syamrao, District Magistrate of Sholapur and late Backward Class officer, read a paper on "The Probation Officer and his relationship with the Juvenile Court." He emphasised the need of brevity and simplicity in the proceedings of the juvenile courts and the omission of all unnecessary and lengthy formalities. Papers dealing with after-care of children were read at the conference.

GUIDANCE CLINICS

Dr. K. R. Mansani, Director of the Bombay Guidance Clinic, spoke on the "Relationship of Probation Officer and Child Guidance Clinic." Dr. Mansani pointed out that the real function of a probation officer was not just routine surveillance and checking, but something that involved character reformation.

This could not be assured unless the real cause of delinquency was detected and removed. Delinquent conduct was merely the symptom of hidden mental conflict in the large majority of cases.

Unsatisfied emotional needs in a child are the root causes of many different forms of delinquent conduct. The child guidance clinic in Bombay was equipped and staffed for the observation and psychological treatment of delinquent cases but in most cases, where no such assistance was forthcoming in probation work, it was possible to locate some of the root causes of mental conflict in children, which sets up bullying, lying, theft or truancy, etc.

The speaker outlined some of these root causes of mental conflict.

ABSENCE OF LOVE

Absence of love was a common cause in the cases of illegitimate or orphaned children. On the other hand, over indulgence was frequently conducive of later delinquent conduct. Undue domination of a child by an over strict parent was another extreme. The motives of such parents were good but the resultant of such treatment was generally seen in a reaction against all authority.

Definite ill-treatment of a child might include nagging, taunting, as well as mere beating. Many parents restricted the movements of their children unduly and over protection is a cause of misbehaviour. Children aged between 6 and 10 years should be given some freedom, and small children should be allowed to get thoroughly dirty at a set time in the day.

Inconsistent discipline is another root cause as the child secures no standard of conduct and unreasonable punishment may set up conflict. Again, parents sometimes treat their children with a lack of courtesy. It is essential for the happy development of a child that he should be loved by both parents and that nothing should be done to make him infer that he is less loved in the family circle than any other family member.

The conference also discussed the possibility of certain children being given a second chance on probation; the need of careful discrimination in dealing with cases of uncontrollable children, and the need of moving Government for the speedy establishment of a certified school on a cottage basis catering for the needs of unruly girls belonging to the Child Act and Borstal age groups.
The Child in India. Edited by Clifford Manshardt (D. B. Taraporevala Sons & Co., Bombay, N. 1.)

This is a symposium commemorating the coming of age of the Society for the Protection of Children in Western India. "Of all kinds of social service there is none more important than the protection of children and none more worthy to be performed," writes Lord Brabourne in an introduction to the volume; and realising, Mr. R. P. Manian explains in a preface article, was the mainspring of the Society's inception 20 years ago. The first century, it has been said, is the century of the discovery of the child; since the World War a new evaluation has come in infant education. The importance of pre-school education is stressed in an informative article by Mr. J. M. Kumarappa, and Mrs. A. E. Harper describes the changing objectives in Indian schools and in their efforts to keep pace with the world movement of education. Mr. Clifford Manshardt contributes two articles on "The Dependent Child" and "The Delinquent Child"; other useful contributions include Mr. K. R. Marani's "Behaviour Problems of Childhood," and Mr. Behram H. Mehta's "Recreation and Play".

MONTHLY JOURNAL OF BOOK NEWS & NOTES

Taraporevala's Indian Literary Review


New books (excepting those marked not or offered at reduced prices) mentioned in this number can be purchased by subscribers of this journal at a discount of 10%.

JUST OUT.

THE CHILD IN INDIA

A SYMPOSIUM

by Eminent Educationists and Social Workers

EDITED BY CLIFFORD MANSHARDT

With an Introduction by

HIS EXCELLENCY THE RIGHT HON. LORD BRABOURNE, G.C.I.E., M.C.

Ex-Governor of Bombay

Price: Rs. 4.

This book ought to be read by parents, teachers, social workers and all persons interested in the education, psychology and welfare of young folks.

CONTENTS:


The Education of the Pre-School Child, by J. M. Kumarappa, M.A., S.T.B., Ph.D. (Professor of Social Economy, The Sir Dorabji Tata Graduate School of Social Work, Bombay).


Training for Character, by P. G. Bhandari, M.A., Ph.D. (Union Training College, Ahmedabad).

The Cause of the Children

THE CHILD IN INDIA. Edited by Clifford Manshardt.
Taraporewala, Bombay. Price Rs. 4.

Only a few weeks ago we commented on a Symposium edited by Mr. Manshardt regarding the progress of Social Developments in Bombay Presidency: the present volume is also a Symposium, commemorating the coming of age of the Society for the Protection of Children in Western India. His Excellency the Governor of Bombay has written a Foreword to this volume, in which he shows what can be achieved by steady and selfless work such as the Society has done and is doing in Bombay.

Perhaps there is no more important branch of social service than the care and protection of children. A neglected child is admittedly a bad bargain for the State. From a merely mercenary point of view, therefore, the protection of children is worth while, and it is in this aspect that the State, as a soulless institution, is necessarily most interested. The humanitarian aspect appeals more to those who voluntarily engage themselves in this work, persons who see first of all the pitifulness and the injustice of the situation of neglected children, persons who realise most keenly that, in the very nature of things, a neglected child, having had no opportunity to learn to distinguish between good and evil, cannot be condemned, persons who realise that it is up to them as members of society to right, so far as they can, a wrong which society has done.

The various chapters in this Symposium are contributed by the people who have been most intimately connected with the various activities of the Society. The two contributions by the Editor, "The Dependent Child," and "The Delinquent Child," ought to be studied by all who have the cause of the children of this country at heart.
THE DELINQUENT CHILD

By CLIFFORD MANSHARDT

(Director, The Sir Dorabji Tata Graduate School of Social Work, Bombay.)

In tracing the sources of juvenile delinquency, more stress has usually been laid on environment than on the subjective aspect, and our contributor suggests in this first article of a short series, that a serious attempt should be made to deal with the inner thoughts, feelings and attitudes of the delinquent child.

Who Is A Delinquent?

A DELINQUENT child is generally defined as a person under 14 years of age, or "young person" as one between 14 and 16. A delinquent child is one who is charged with an offence against the law, or is considered to be incorrigible; has been, or is in need of special care; or is placed under a guardian. As a rule, the treatment of juvenile delinquents varies, the general standards of delinquency differ in the treatment of specific cases in different countries, and in different provinces of India. The general similarity running through all delinquent delinquency, however, is the same.

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How Juvenile Courts Work

BY CLIFFORD MANSHARDT

(Professor of Sociology, The Sir Dorabji Tata Graduate School of Social Work, Bombay.)

In this article, Dr. Manshardt explains how the procedure adopted in a juvenile court necessarily differs from that of an ordinary criminal court. In many juvenile courts it is customary to have a woman to act as referee in the hearing and disposal of cases. A prominent place is also given to the probation officer who keeps a friendly contact with the child and his parents. He should be well qualified, because on him rests the responsibility of redirecting the emotional life of the child into normal channels. The article makes a plea for the introduction of trained probation officers as a step towards improving the efficiency of juvenile courts in India.

Varying Age Limits

The age limit for the jurisdiction of the juvenile court varies. In about one-third of the American states, the jurisdiction of the court is confined to children under 16; in another third to children under 17; and in the remaining third to children under 18. In England the jurisdiction of the juvenile court extends by the age of 18, as it does in various parts of India in which a Children Act is in operation. In both England and India it is assumed that a child under 16 has not yet reached the age of responsibility and therefore cannot be guilty of any offence.

When a child is apprehended, or a petition is filed in his behalf, he is, if possible, given into the care of his parents until the date of his hearing. If the safety of the child demands, or if he has no parents or guardians, he can be entertained. He is placed in a detention home or reformatory until the hearing can be held. The procedure in all juvenile courts is designed to make the period of detention as short as possible.

The State in Role of Parent

The juvenile court came into being to prevent children from being treated as criminals. In juvenile court theory the State stands in the place of a parent to the child, protecting him from the exploitation of adults and giving him what he has missed by his parents. 

Women Referees

In many juvenile courts it is the practice to associate a woman with the presiding magistrate to act as referee and assist in the hearing and disposal of cases. It is held that in cases involving girls a woman can enter much more sympathetically into the issues involved than can a male magistrate.

Choice Of Magistrate

The magistrate in charge of the juvenile court is specially designated for his task. He should be a man not only with legal knowledge, but also equipped with social insight and imagination. 

The procedure of the juvenile court is very informal. In contrast to the formal court room setup—with the presiding judge occupying an elevated position, the jury box and the clash of competing lawyers—the children's court is extremely simple. A table and a few chairs comprise the essential equipment. There are no seats for spectators, for spectators are not desired in the court. It is felt that a child's difficulties should not be pursued before a sensation-seeking public. 

In the best juvenile courts no attempt is made to piecemeal evidence against the child. The child is brought into the court in his own way. Every attempt is made to avoid confusing him. Preliminary to the hearing it is the practice of the probation officer attached to the court to discover all possible information regarding the child's early history and present background. The probation officer, though an officer of the court, stands before the court in the child's behalf.
Preventing Juvenile Delinquency

PREVENTION IS BETTER THAN CURE—IN JUVENILE DELINQUENCY AS ELSEWHERE. BUT THOUGH DESIRABLE, IT MAY NOT BE IMMEDIATELY POSSIBLE, AS THE EVIL SPRINGS FROM MANY CAUSES.

YET A BEGINNING CAN BE MADE BY DISCARDING GENERALISATIONS IN FAVOUR OF POINTED RESEARCH REGARDING THE INDIAN CHILD IN HIS PARTICULAR ENVIRONMENT.

By Clifford Marshardt

(Author, The Sir Dorabji Tata Graduate School of Social Work, Bombay.)

ALTHOUGH any forward-looking society will organise itself to care for its dependent children through a system of juvenile courts, trained probation officers and progressive correctional institutions, it will not feel that in providing these facilities it has solved the problem of juvenile delinquency, for the real test of the social vision of the community is the effectiveness of its preventive policies.

And right at this outset let me say that there is no standard programme of prevention, which can be altered to suit the particular needs of the community; hence a preventive programme must be one which can be adapted to the needs of individuals.

Study Indian Child In India

Despite the psychological researches which have been carried on since 1925, we know far too little about human behaviour. We place too much reliance upon statistics that are often misleading. The first programme of delinquency prevention should be an effort to raise the social and mental culture of the region, to enable the child to understand his own environment and to adapt himself to it through the School of Social Work, the Juvenile Court, and the Home for Delinquent Children.

The project of delinquency prevention must be two-sided. There must be a clear recognition of the moral and emotional values involved and there must be an equally clear recognition of the social determinants. There is of course no clear line of demarcation between the past and the present, for the present is the result of the past and for the future is the result of the present. The preventive programme really begins before the child is born. While the birth, as at present organised, is not in a position to do much to control the child’s heredity, it can prevent the transmission of genetic factors, if certain conditions of upbringing are met. In this way, the social and medical environment can be brought to bear within the limits of its ability to shape the character of the child.

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Guidance And Recreation

OTHER preventive measures associated with the psychological rehabilitation of the juvenile would be conducted by the schools and social agencies. A difficult and often neglected field of work is that of the guidance of the child in his education, in his economic condition, and in his recreational activities. A child should be taught to use his leisure time conscientiously and to engage in the recreation of his own choice.

Maladjustment In Home

SCHOLARSHIP must point to maladjustment in the home as a major contributing factor, it is obvious that education for parenthood and for the guidance of the child is an urgent necessity in this country.

The schools and churches are supposed to provide guidance, but they do not always agree, and there is a very few exceptions—entirely neglecting training for life’s moral and economic condition of others; or, at least, understating their responsibility. And even if the child were to be educated through the curricula, he cannot be educated through the curricula. He needs to be educated through the human relationships of his family life, and the school life, and the group life.

Early Habit Training

ALTHOUGH the child’s formal education usually begins at the age of six, it is in the pre-school period that the child is learning his habits and his environment. It is at this stage that the child first learns to play and to work; he learns to make his way in the world. The play of the child is a form of action training. A child should be taught to adapt himself to the situation in which he finds himself, and to work hard to achieve his end.

An "Assuming" Occupation—Penalty of re-creation of the right type is desired and many parents take the trouble to provide opportunities for their children to engage in useful work. The occupation should be one which the child can assume without discomfort.

Adjudged in the Making—It is in the pre-school period that the foundations are laid for most of the child’s life. Since the child is in the process of learning to adapt himself to the world in which he finds himself, the period of his pre-school years is of greatest importance. As he grows older, the child becomes more independent, and less subject to the influence of his parents. The problem of delinquency is a complex one, and the prevention of delinquency must be looked upon as a continuous process, involving the cooperation of the community.
HOSPITAL SCHOOLS AS AID TO CURE

Hence Governments of various countries of the world, including India, are trying their best to create greater facilities for the care and education of their little ones. But these facilities are available only to the normal and the able-bodied. A large number of the handicapped to whom school life or play life is denied, is not receiving enough attention.

These include the hospitalised children who are well enough to learn mental tasks as well as some manual skills, but whose illness requires them to spend several months or years in a hospital. They lie in bed, with little or nothing to occupy them being cut off from the joys and adventures of their school and social life. They are deprived of the stimulating opportunities of learning which affects their emotional and intellectual growth.

Learning activity has a great therapeutic value. Therefore, like others, these sick children who are able to undergo educational discipline should also be given opportunities to grow mentally. Hence the great need for an educational programme in every hospital for children.

The first attempt to meet that has    

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desirable aptitudes, self-confidence and responsibility in them.

A RAY OF HOPE

Before this scheme was put into operation here early in 1948, the child patients used to lie listlessly in their beds. They had nothing to look forward to but the hospital routine.

Now all that has changed. These young patients have today a gleam in their eyes. Each morning they start with happy anticipation of new creative experience.

Paying a visit to the hospital in March 1950, Mr. B. G. Kher, Chief Minister of Bombay, said: "When I last visited this hospital I was over come by the misery which each bed represented. The work done during the brief period of one year is marvellous and the programme has not only contrib uted to the educational well being of the children, but has also infused in them joy and a new interest in life."

THE EMPHASIS

Any educational programme for handicapped children should not emphasise scholastic achievement alone. It should rather be designed to encourage self-expression and joyous participation. The project should also include entertainment for the child patients. For instance, in the present experiment, a cinema show is arranged every month. Also some child dancers are invited to give a performance now and then.

There are many hospitals in the country which have a section for children. Many of these child patients, such as T. B. and orthopaedic patients, are required to spend months and years in bed.

It is essential that some kind of educational and activity programme be organised in all children's hospitals, so that the child patients, while under treatment for their physical ailments, are not cut off from the normal stream of life.
HOSPITAL IS NOT A MERE REPAIR SHOP

SOCIAL WORKER HELPS IN PHYSICAL RECOVERY

Hospital social service is the heart of professional social work and is closely tied in with medical and nursing. It has arisen to fill gaps in the application of medical treatment to the patient.

With our growing knowledge of man in his social aspects, it has become increasingly evident that various professions should cooperate with medicine to make medical care adequate.

It has now become obvious that whatever advances discovers may continuously advance medical practice, the most expert doctor may be of little use if the social and emotional components involved in an illness are ignored.

Thus the need arises for the treating the patient, not as a specimen presenting a pathological heart or lung condition as a diagnostic spinet, but as a human being, who is a distinct personality existing in his social, emotional and somatic aspects.

With specialization coming into the medical field, there is a drift away from the family physician who was generally familiar with the patient as a person. His background is lost and the patient’s background is lost, therefore, could see how these affected his diseased condition.

NO PERSONAL TOUCH

Today, however, since more and more hospitals are being reorganized to give better medical aid to the sick, the medical professional social worker with their respective concentrations upon the medical and psycho-social aspects of illness.

This is the need for the creation of a department of social service in the hospital, like the Navy Department, Army, or other medical corporation, to emphasize the value of medical care.

SOCIAL WORKER

The functions of the medical social worker in a hospital are several. He is essentially a social worker who is responsible for the social welfare of the patient and his family. He is responsible for the social care of the patient, after the physical care of the patient, after the physical care is given.

The social worker works with the patient and his family, not only at the point of diagnosis and during the period of treatment, but also long after he has left the hospital. He is to the patient as the social service is to the hospital. He is responsible for the social care of the patient, after the physical care is given.

After the patient has accepted the services of the social worker, the social worker deals with them in a professional manner, and cannot be separated from the treatment of the patient. It is essential to remember that the social worker is a trained professional with any expectation of results, and it is essential that he be properly advised upon his needs.

So, apart from helping the patient, the social worker is responsible for the care of the patient, after the physical care is given.

A social worker can socialize in a hospital to a patient with physical limitations, and help the patient to adjust himself to the new environment.

A social worker can help the patient to adjust himself to the new environment, and help him to get used to the new surroundings. He can help him to adjust himself to his family and surroundings.

By Dr. (Miss) G. R. Banerjee

Cochrane, Practical Institute of Social Service.

As the specialist has a vast amount of work in the field of his specialization, he is obliged to hand over various aspects of the patient’s problem to the patient’s physician. The other individual who is specially trained for this purpose is the medical social worker.

Medico social plan requires joint consultation between the doctor and the medical social worker.

The social worker understands the dynamics of human behavior and knows the type of interaction people have.

When through case work techniques, as an observer, he learns to read the patient to reach conclusions and to understand the way he does an attitude of objective and meaningful results. When the patient is interested in his own interaction by providing an opportunity to express his partially repressed feelings to someone who interprets and accepts his non-judgmentally, he may be helped to recover his emotional control and get a sense of support which increases his ability to get over his problem.

INTERVIEW

A carefully planned interview is the primary basis of getting any social worker. The patient should be given to help him understand the situation and not to accept it immediately.

The reaction of the social worker, however, receives the most importance as it is easier to react to some conflict or fear motivated by subconscious psychological processes of which the patient is initially unaware. This is an interview in such a way as to bring light significance and to help the patient to recover his emotional control.

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Can Family Planning Solve All Problems?

To a people like Indians, crunched under an unlimited number of vexing problems, any new plan purporting to be a panacea has small attraction. Latest in the list of such cure-alls is family planning. The proponents of family planning claim it would combat many of our hydra-headed problems and usher in a millennium.

They maintain that its adoption would raise the standard of living, eradicate all health and disease, remove slums, solve the food problem, control the population pressure, etc. The word 'family' is often transformed into 'overpopulation'. So is occupational pressure. A perception of which often alters the scale of the family, particularly the children. Hence it becomes such an alluring problem for the whole family.

MATERIALITY DUE TO CHILD BIRTH RISES: The father is compelled to spend more and the family runs into debt; the result is anxiety and worry to all the members. These have their inevitable effects on the children.

Some further pluses of family planning are: the children are well educated; there is less wastage of energy in looking after them; and their physical and mental development are hastened. The result is an increase in the standard of living of the nation.

By K. V. SEIDHARAN
Press Club, Timi Institute of Social Sciences

The same China under Mao Tse-Tung, with probably an increased number, never even mentioned population as a problem. Therefore, in the ultimate analysis, can we justify the question: Who controls and owns the human race? What is going on in the human race? How much is the human race under control? Who actually controls the state? What is the role of the state in the human race?

VIRUS, FIGHT AGAINST VACCINES

...the effect of the Chinese system is to ensure that the children are well educated and healthy, and that the state is responsible for their welfare. This is the basic difference between the Chinese system and the American system.

M: On the other hand, the bogey of overpopulation being placed on the country's problems is raised, a student of Social Sciences who has written an article on the subject, says that the bogey is intended to cover the incompetence and unwillingness of the masses to change the 'status quo.'

THE SIZE

Proceeding on the basis of the fundamental principle that the size of a family is not a matter of chance nor is it predetermined but is a matter to be determined by the husband and the wife, and that the size of the family is important in determining the economic status of a country, we would consider the pattern of a family whose life would not be a miserable burden to all of its members. Family planning is an important family welfare factor.

A DRUNK

I said, it is all in your imagination about the potentialities of family planning. Family planning does not obviate the need for hard work, training to become intelligent, efficient and disciplined, the need to produce more wealth in order to raise the standard of living. It does not absolve the State from its duty to plan the utilization of the country's resources on a just and equitable basis.

It only removes unnecessary and avoidable burden which sap the vitality and enthusiasm of the members of a family, especially the mother and the child, helping them to raise the standard of living in a more rational way.

VIRTUE CIRCLE

This undoubtedly is the plight of a large majority of the Indian poor and poor families. And it is this vicious circle that family planning attempts to break. But if this is not broken, there will be no gain. Let the reader bear in mind that the success of family planning is limited.
Rehabilitating The Physically Handicapped

SOME OBSERVATIONS

The physically handicapped are those who suffer from organic disabilities which are inborn and which interfere with normal living. Disability of any organ might produce a physical handicap, but those most frequently responsible are the bony, muscular, sensory, circulatory and respiratory systems. There is yet no uniform agreement or accepted definition even among medical scientists as to the exact connotation of the term. The widely varying standards for employment in industries of different types, and in different plants within a single industry, make it difficult to identify "handicapped" many individuals who would readily be accepted in other plants or industries within the same industry.

In those plants that do not have pre-employment physical examinations, the only applicants with disabilities would be those with obvious impairment, while those having hidden disabilities would be considered normal.

One of the many definitions that almost reaches the ideal is: "A physical handicap is a difference possessed by some persons which might result in them feeling that they need no limitation of vocationally.

Placement

A disability is sufficiently limiting to constitute a problem in placement of it, (1) requires the person to modify or change his occupation, (2) makes it more difficult to secure employer acceptance for stable employment, (3) requires special consideration to prevent the underestimating of work likely to aggravate the disability or jeopardize the health or endanger the safety of the worker or others. Generally understood, the term is applied to such conditions as partial or complete paralysis, amaurosis, or mental derangement. Conditions such as heart disease, tuberculosis and epilepsy.

The number of disabled persons have for more ability than disability. From the standpoint of industrial efficiency, only a small percentage is really classifiable as seriously disabled. They are handicapped for some jobs to be sure, but only a few jobs require work not to be handicapped. They are not longer handicapped when placed in jobs having reasonable accommodation for them. In fact some handicaps can be turned into assets by the development of compensatory skills and memory. Some persons, however, are so seriously disabled that they are unemployable.

Vastness

These are caused mainly by accidents within or without the industry, or by disabling diseases to the extent of the problem.

Man-Power Lost

The question is whether this immense man-power has been lost to us merely because of a certain disability, and the answer comes from the results of various surveys conducted in the United States whose findings are summed up in the following:

In a survey of more than 100,000 workers made by the U.S. Department of Commerce, the Federal Security Agency, the following facts were reported:

Percentage of Employers Reporting

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| Out of 100 Employers of handicapped workers (from a survey of the Civil Service Commission) commented as follows:
| "We find that from a production standpoint the men and women who have made up the percentage produced by these people are better than normal people, and that a larger number of normal people the handicapped has proved their worth through efficient production, good efficiency, service, loyalty, and regular attendance. Employment of the physically handicapped has proved so valuable that special companies have been held to recruit them."

By R. M. SHUKLA
Press Club, Tata Institute of Social Sciences.

Money depending on the nature of disability. The newly amended Employed Persons' State Insurance Act in 1948 also promises to pay compensation to disabled workers.

Vocational Rehabilitation is a process or series of steps which, when completed, enables a disabled person to find a suitable job. It is, therefore, natural that quite a large number of our workers become completely unemployed and as their own concern refuses to employ them. It is almost impossible for them to seek employment in a new capacity. The only possibility, therefore, is that they beg, borrow or take professions of the underworld, and with the advisor of employers and the unemployed and the underemployed, that the rehabilitation is possible.

The process of rehabilitation is individual in character because of varying degrees of disability, education, age, capacity, energy, spirit and determination. Each case presents its own peculiarities and requires its own solution. However, expert guidance by trained counselors is of extreme importance. Of all the fundamental principles of rehabilitation, the most important one is that the worker must be of work last resort.

Summing Up

(1) The worker should have the ability to accomplish the task efficiently, i.e., to be able to meet the physical demands of the job.

(2) The worker must not jeopardize the safety of others, e.g., the bus driver with the kind of heart disease that is likely to result in sudden death; the worker subject to fainting spells handling a dangerous explosive; the individual with skin disease exposed to skin irritants.

Principles

The State, the employers and the respective trade unions should see to rehabilitation of the physically handicapped. As far as possible, the concern in which the worker goes handicapped should be morally bound to employ the person in a suitable job. If no such department exists in that concern, he should be informed by the Directorate of Rehabilitation of Employment as to where he should apply for a suitable placement.

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The child guidance movement was started in America about 1920 when the first clinic was established with a view to guiding parents in dealing with children who were maladjusted to their environment. Such clinics were expected to give expert help and guidance to parents in matters of growth and development of their problem children who showed symptoms of maladjustment. Gradually the clinics realised that the parents were sometimes the causative factors in the problems of their children. It was then that the concept of the parent-child relationship came into prominence and child guidance clinics emphasized the need to study both the child and its parents in their mutual relationship for the effective treatment of the behaviour and personality disorders of the child.

With the advancement of psychology and psychiatry, there has evolved the modern concept of mental health which is the foundation of good citizenship. If a child is to grow into a mentally healthy and well balanced person, he must get parental affection and care as well as enjoy the sense of security of a normal household. Failing these, children develop several symptoms of maladjustment such as jealousy, truancy, stealing, lying, destructiveness, hatred or fear. These are the signs that the children are emotionally disturbed and that their mental health is unsound.

The Child Guidance Clinic of the Tata Institute of Social Sciences, Bombay, takes the modern approach of child guidance and formulates a treatment programme to ensure the normal mental health of the child. It has a staff of specialists consisting of a psychologist, a psychiatrist, a social worker, a social consultant and a psychiatric social worker, who work in co-operation as a team for the treatment of the problem child. The Clinic treats a wide variety of ailments such as habit, behaviour and personality disorders. The habit problems usually include thumb-sucking, nail-biting, bed-wetting etc. Among the behaviour disorders may be mentioned stealing, lying, truancy and other scholastic maladjustments. The personality problems are generally evidenced by shyness, anxiety, fear, over-dependence and aggression to list only a few.

The Clinic regards each problem as only a symptom which has some cause or multiplicity of causes. It acts, therefore, as a community agency in which expert knowledge and advice of specialists are available. The psychologist studies the child by observing him at play in the playroom of the Clinic and often uses psychological tests to obtain a better picture of his mental development and personality adjustment. The psychiatrist tries to probe into the
BOMBAY, November 10 (PTI): A novel method of rehabilitating beggars, by engaging them to raise a low budget garden has been adopted in the Tata Institute of Social Sciences (TISS) complex at Chembur.

The arduous work in the garden was being done by several batches of inmates detained at the Beggars' home for males, near here, noted criminologist and supervisor of the programme. Prof. J. J. Panakal said.

Prof. Panakal said many of them have been absorbed by the TISS as gardeners and canteen employees and have been steady in their jobs with no inclination to return to begging on the streets.

The cost of planting and maintaining a green campus, like the one at TISS is lower in the long run compared to that of a formal and decorative garden with excessive day-to-day demands on labour, water and manure, and is an exemplary lesson advantageously applicable to other educational institutions and industrial establishments in the country, he added.
CRIME AND THE COMMUNITY

Harnessing A City's Resources To Check Juvenile Delinquency

By Dr. Clifford Manshardt

In crime as in disease, prevention is better than cure and the following examples of successful work in this direction should dispel the notion that a boy should break into jail before the community can do anything about it.

Whatever it is, the situation is doubly important because the child approaches the community with an innate sense of judgment. He is unable to distinguish the dangers lurking behind some of the things which attract him most.

Bomboy Experiment

Down in the Nagpur section of Los Angeles, a one-apartment, house for 12 years has been endeavoring to build up a facade between our children and the streets. It was taken by the police and pried off the streets and provided them with wholesome opportunities for play and recreation. We have sought to provide worthwhile leisure-time activities for adults. We have attempted to strengthen family life and improve the cooperation of all men and women in a common program of community betterment. We have made considerable progress, but that the job should be complicated in hundreds of ways.

In the United States, in recent years, we have seen new movements opening up on lines of the very trying struggle of the Community Coordinating Council Movement. This has taken place in plain English, for the whole community in action against crime.

The movement starts with the principle that the finished criminal is generally the end-product of a long process of development, which begins in childhood. The attack on the roots of crime must, therefore, begin in childhood.

Preventive Forces

There is a problem too vast to be handled by any single agency. Every agency must seek to organize and mobilize its resources in the community into a single, concerted community program. This program involves the police, schools, churches, religious agencies, welfare agencies, recreational groups, charitable and community-service groups, public-health agencies, social agencies, etc.

Let us take an example of the Council at work, as reported from Los Angeles, California. The Los Angeles Council is in co-ordination with the local police station and the community, to organize and utilize the resources of the community in the interest of the young. Law enforcement officers, social workers and community leaders have never been better organized or better prepared than at the present time to the spontaneous activities of the Council, now meet together regularly to discuss the problems.

Thousands of children stand on the brink of trouble. Too often, once committed to crime, it is too late for them.

The child serves as a means of action with such cases before trouble really breaks out.

Tactful Police Aid

Three telephone units in the office of the local police station...the man at the other end of the wire asks for the commander-Chief. He says, "There is a boy in this neighborhood and he is in a bad state. He's not really a bad boy, but he will be in serious trouble unless someone takes him in hand."

The Inspector's natural question is, "What's the matter with his parents? Don't they know him?"

"There's just the trouble," comes the reply. "They don't seem to understand this kind of thing. They don't know what to do with him."

"They allow him to go all day at all hours, making friends with the wrong kind of fellows."

"He's not really a bad boy, but he will be in serious trouble unless someone takes him in hand."

Inside the police station, the telephone is ringing. The Inspector asks the young lad what the trouble is about. The lad answers, "I don't know."

Good In School

We’ll tell you there again are difficulties. Sometimes I called the school this morning and asked how he was doing. The teachers were doing very well, so they could not do anything. We have had no complaint from the teachers, but we are watching him closely. He has been acting up a little bit in school.

The probation officers of the juvenile court cannot do anything because as yet the boy has committed no delinquent act. I appreciate their position, but tell me, does it make a difference to break into jail before the community can do anything about it?

A friend of mine told me about the Co-ordinating Council. I really thought it was just a waste of time, but I got in touch with you. I certainly don't want to do him any harm. I'm writing him every week. I'm going to help him in any way I can.

"All right," says the Inspector. "Let me have his address, and we will see what we can do for him.

And so the machinery is set in motion in order to relieve the community of the services of this boy. Perhaps our help will be of service later, when they are dealing with the community Coordinating Council is to adjust such a case before the child ever gets to Court.

Example For India

Although an illustration of the Council's co-ordinating ability was shown in a room almost any section of Los Angeles, in one which follows in detail because it points out what could not as well be illustrated, and the particular section of the city in which the work has been taken. However, it neglects and which had a high rate of delinquency.

The Committee makes a study of the area which revealed poor homes, poverty, low standards of family life, a disorganized school population and many other disintegrating factors. There were no playgrounds in the precinct and all the juvenile court and others, came together to discuss the situation.

Quick Action

A TYPON quickly followed. The Rotary Club accepted responsibility for co-ordinating the work of the association. Another club took the back rooms and set up an after-school program for the boys and shower baths. Other groups accepted responsibility for providing medical care for the boys and sent volunteers for the Boy Scouts and Girl Scouts.

Everyone took a hand and soon the place was orderly transformed and the boys were happy.

The Neighborhood Centre has met with astounding success. Gangs no longer loafed on the streets, the new community was united, ready to commit mischief and destroy the police, and the tempests that had arisen were in peace.

The task was too big for any single group, but the result is a splendid example of what can be done when a community really want to work together.

Is there any reason why Bombay, or any other city in India, could not duplicate this experience?

Healthy Incentive

In another community the committee found itself faced by the problem of crime and delinquency. The committee sought advice from various minor offenses. Difficult as it may seem, his work was welcomed with the approval of the mayor, and a committee was appointed to work with the police. It was arranged that the police would spend the greater part of the time period the boys had to deal with the difficulties on the spot, and it was arranged that a special committee be appointed to help the juvenile police officer of the district. When the time came, they were qualified for the job, and with the cooperation of the transportation company and other agencies the trip was arranged. The police officer of the district had to find his work even in less than the usual.
RAISING THE GOOD CITIZEN

Need for Education in Marriage and Family Life

By J. M. KUMARAPPA, M.A., S.T.B., Ph.D.
(Professor of Social Economy at the Tata Graduate School of Social Work, Bombay)

In recent years we have heard much about training for citizenship as a major objective in education. Is not training for family life even more important? Can we have the one without the other? Has not the time come to train leaders and teachers to give instruction on marriage and family life?

The family functions both as society's approved agency for the propagation of the race and as its most important vehicle for the maintenance of cultural and social solidarity. It is from generation to generation that the family transmits the habits and values on which the life of the community is based.

The socialization of the individual is thus the task of the family, which is, however, aided by the school and the mass media.

SCHOOLING YOUTH ATTITUDES AND ASPIRATIONS

Hence, the school should assume an active role in the socialization process, especially in the early years of a child's life. It should be a place where children learn to understand their own physical and emotional needs, just as they do at home.

EDUCATING TO SERVE OTHERS

It is important for children to learn to serve others as early as possible. This can be done through group activities and projects, such as feeding the poor, caring for the elderly, or helping in a local hospital.

INDIFFERENCE OF INDIAN AUTHORITY

Why should the Indian government also be concerned about the problem of child labor? It is because children are the future of the country and their well-being should be a priority. The government should enact laws to protect children from exploitation and provide them with education and opportunities for a better future.

The cinema and radio as educational tools

Another medium of education is the cinema, which can be used to show young people movies that are relevant to their lives and the problems they face. Radio can also be used to reach out to a larger audience, especially in rural areas where access to other forms of media may be limited.

In conclusion, the family, school, and government all have a role to play in educating the young generation. By working together, we can create a better future for all.

From ten to thirty per cent of the children in India will be engaged in domestic work by 1970, a trend that is deeply concerning. The government must take action to address this issue and ensure that children have access to education and other opportunities.

The importance of a balanced diet

A balanced diet is essential for a child's growth and development. Children who do not have access to nutritious food are more likely to suffer from malnutrition, which can have long-term consequences.

The government should provide schools with resources to ensure that children have access to healthy and nutritious meals.